

AFIX Recommendations Guide

This guide provides AFIX site visit reviewers with evidence-based practices to help solve common immunization issues and improve clinic practices and coverage rates. Use this Guide along with the AFIX Questionnaire to help clinics choose one or more improvement strategies based on their issues and interests. Clinics should also choose one person to lead their immunization improvement activities (their Immunization Champion).

Opportunity for Improvement	Recommendation	Suggestions for the Clinic
<p>DTaP coverage rate is the lowest individual vaccine rate.</p> <p>National Goal: 90% for each individual vaccine in the 4:3:1:3:3:1:4 series.</p> <p>National Average: 79% WA Average: 78%*</p> <p>*2013 National Immunization Survey, Immunization Coverage by 24 months</p>	<p>Increase DTap vaccination rate.</p>	<ul style="list-style-type: none"> • Consider administering the 4th DTap at age 12 months instead of 15 months, if there has been at least six months since the 3rd DTap. • Schedule appointment for the next dose at the end of the visit (e.g. when they get their 3rd DTap, schedule the appointment for their 4th dose). • Reminder/Recall is one of the best ways to make sure patients are up-to-date on their immunizations. <ul style="list-style-type: none"> ◦ Run Reminder/Recall in the Washington State Immunization Information System (IIS) or your electronic health record (EHR) for patients that are one or more months overdue for DTap (or just the 4th DTap). ◦ Reminder/Recall Strategies in the IIS. ◦ Reminder/Recall Resources for Providers. • Run the IIS Coverage Rate Report – Patient List for the 4th dose of DTap to see which patients are due or overdue for this dose. • Use the IIS forecast, your EHR, and/or paper records to screen patients for due or overdue immunizations at every visit (not just well-child visits). • Ask the clinic what they are doing for their vaccines with higher coverage rates and apply similar strategies to increase DTap rates. • Document contraindications in the patient's medical record and the IIS. <ul style="list-style-type: none"> ◦ IIS Quick Reference Guide - Vaccinations • Develop a formal process to document vaccine refusal/deferral in the patient's medical record and the IIS.

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

AFIX Recommendations Guide

<p>_____ vaccine has the lowest coverage rate.</p> <p>Example: Hep B is the vaccine with the lowest immunization rate.</p>	<p>Increase vaccination for the vaccine with the lowest coverage rate.</p> <p>Example: Hep B vaccine</p>	<p>Modify and apply the above suggestions to the vaccine with the lowest coverage rate.</p> <p>Example:</p> <ul style="list-style-type: none"> When patients get their 1st dose of Hep B, schedule the 2nd dose and same with the 3rd dose. Focus reminder/recall on Hep B vaccine.
<p>Low varicella coverage rates.</p> <p>National Average: 90% WA Average: 87%</p>	<p>Increase varicella vaccination rate.</p> <p>Document history of disease.</p>	<ul style="list-style-type: none"> Modify and apply the above suggestions to varicella vaccine. Develop a formal process to document history of chickenpox in the IIS to show that patients are up-to-date for varicella. If your clinic has an interface with the IIS, check with the IIS Helpdesk to see if chickenpox disease history transfers from your EHR to the IIS.
<p>Parents using alternate / delayed immunization schedules or refusing vaccines.</p>	<p>Counsel and offer educational materials to parents.</p> <p>Document parent refusal of vaccines.</p> <p>Educate providers about opportunities to bill private insurance for counseling and education.</p>	<ul style="list-style-type: none"> Provide educational materials and web sites, like: <ul style="list-style-type: none"> Plain Talk about Childhood Vaccinations Vax Northwest web site Reliable Sources of Immunization Information Develop a formal process to document vaccine refusal/deferral in the patient's medical record and the IIS. <ul style="list-style-type: none"> American Academy of Pediatrics Parent Refusal to Vaccinate Resources AAP Coding Resources <ul style="list-style-type: none"> Commonly Administered Pediatric Vaccines Pediatric Immunization Administration Codes FAQ
<p>Incomplete immunization records in the IIS.</p>	<p>Enter historical/missing vaccine doses in the IIS.</p> <p>Work with IIS on electronic data transfer.</p>	<ul style="list-style-type: none"> Develop a process to record historical/missing immunization data in the IIS. <p>Example: Before every visit, review and compare immunizations in the patient's medical record to those in the IIS and add any missing doses.</p>

AFIX Recommendations Guide

<p>Highly mobile patient population and/or not currently inactivating patients in the IIS.</p>	<p>Inactivate patients who have moved or gone elsewhere.</p>	<ul style="list-style-type: none"> Develop a process to identify and inactivate any patients who have moved or gone elsewhere in the IIS and build into the clinic immunization workflow. Example: Use record transfer requests to identify patients to inactivate. Allow staff who receive record transfer requests to access the IIS and inactivate patients.
<p>Invalid doses identified on the CoCASA report* or the IIS Vaccination Data Quality Detail Report.</p> <p>*The CoCASA invalid doses report looks at all of the patient's immunizations, so the invalid dose may or may not have been given by the clinic receiving the AFIX visit.</p> <p>The clinic should review the patient's medical record and decide if they need a repeat dose of vaccine.</p>	<p>Prevent invalid doses.</p> <p>Revaccinate patients who received invalid doses, as needed.</p>	<ul style="list-style-type: none"> Before the visit, review the IIS forecast, EHR forecast, or other tools to make sure minimum intervals and ages are met before giving a vaccine. Make sure scheduling staff are trained on when it is okay to schedule immunization appointments, so they don't schedule visits too early (ex: do NOT schedule the one year well child visit PRIOR to 1st birthday). Review the Advisory Committee on Immunization Practice's Recommended and Minimum Ages and Intervals Between Doses. If the clinic has any questions about timing of vaccine doses, call the local or state health department <u>before</u> giving the vaccine. Run a monthly IIS Vaccination Data Quality Detail Report to identify any invalid doses trends and correct issues. For patients who received invalid doses, review their medical record to determine if they need a repeat dose of vaccine.

AFIX Recommendations Guide

Missed opportunities to vaccinate.	<p>Screen patient records before every visit.</p> <p>Improve access to immunizations.</p>	<ul style="list-style-type: none">• Develop a process to screen patients for immunizations that are due or overdue at every visit (not just well-child visits).<ul style="list-style-type: none">○ Review the IIS and/or EHR forecast.○ Flag patients with due or overdue immunizations.• Offer and give all recommended vaccines at the same visit.<ul style="list-style-type: none">○ DO NOT develop clinic policies that limit the number of vaccines that can be given during a visit.• Use the catch-up immunization schedule, when needed.• Review information on valid and invalid vaccine contraindications<ul style="list-style-type: none">○ CDC Guide to Contraindications & Precautions○ Quick Guide to Contraindications & Precautions○ Conditions Commonly Misperceived as Contraindications to Vaccination• Document contraindications in the patient's medical record and the IIS.• Offer “nurse only” and/or “immunization-only” visits.• Offer immunization clinics, if possible.
------------------------------------	---	--

Adapted from the Michigan Department of Community Health, Division of Immunizations